

PAID	
<input type="checkbox"/> Check	_____
<input type="checkbox"/> Cash	_____
<input type="checkbox"/> Credit Card	_____
Received by: _____	

File Company Name: _____	Today's Date _____
Filming Date(s): _____	FAX # _____
Contact Person (Billing): _____	Phone # (Office) _____
Address: _____	Phone # (Local) _____
City, Zip Code: _____	

Type of Production:	(Film)	(Television)	(Still Photo)	(Commercial)
Project Title: _____				
Location: _____				
Site Contact: _____ Phone # _____				

Building or Park to be Used _____

Specific Area to be Used _____

Dates/Hours of Use From: _____ To: _____

Number of persons on Site _____ From: _____ To: _____

Number of Vehicles: _____

Special Instructions: _____

Recommended Staffing: _____

Dates/Hours of Service: From: To:

From: _____ To: _____

Special Instructions: _____

Roads

Roads to be Used: _____

Specific Section to be Used: _____

Dates/Hours of Use:

From: _____ To: _____

From: _____ To: _____

Additional Special Instructions: _____

Permittee agrees to comply to applicable laws and to maintain the premises in good condition and return premises in the same condition as before use.

Unless greater or lesser coverage is requested, Permittee agrees to furnish the County of San Diego with evidence of at least \$1 million comprehensive general liability insurance, including the contractual liability and automobile liability when applicable, in the form of a certificate, covering the entire period of the permit, naming the County of San Diego as additional insured. Permittee waives all claims against the County of San Diego, its officers, agents and employees, for fees or damage caused by, arising out of, or in any way connected with the exercise of this permit and Permittee agrees to save harmless, and indemnify and defend the County of San Diego, its officers, agents and employees caused by, arising out of, or in any way connected with exercise by Permittee of the rights hereby permitted, except those arising out of the sole negligence of the County.

Insurance Company_____
Expiration Date_____
Policy #

Insurance Confirmed: _____

Permittee agrees to all terms and conditions of this permit application form including provisions in attachments.

Film Company Representative:

Name

Title

County Representative:

Name

Title

PLEASE MAIL OR FAX TO:

SYLVIA BUGIEL

SAN DIGO COUNTY PARKS & RECREATION

5500 OVERLAND AVENUE, STE 410

SAN DIEGO, CA 92123

PHONE: 858-966-1308 FAX: 858-495-5841